

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M.D.	10	05-17-01
FORMALITY REVIEW	T.H.	953	06-23-01
RESPONSE FORMALITY REVIEW	M.D.	65	12-14-01

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	4/1/01
Original	5/15/01
1	5/15/01
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Claim	Date
Final	51
Original	52
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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12/14/01
551